

Western Dairyland Fresh Start Program

An Equal Opportunity/Affirmative Action Employer

***Please fill in ALL information legibly.**

Please print neatly or type:

Today's Date _____ Interview Date _____
Name _____
Address _____

Phone # _____ or _____
Email address: _____
Social Security Number: _____

PERSONAL INFORMATION (For Affirmative Action statistical purposes)

Birth Date _____ Age _____

EDUCATION INFORMATION (Circle highest grade completed)

1 2 3 4 5 6 7 8 9 10 11 12+ GED/HSED

	Name of School	Location of School	Dates Attended	Dates of Graduation
High School	_____			
College/Schools/Training	_____			

BACKGROUND INFORMATION

Have you ever served in the Armed Forces? _____

Have you ever been convicted of a crime or placed under court supervision? _____

If yes, explain: _____

Have you been in any other training program? _____ If yes, complete below:

Name of Program _____	Location _____
Dates Participated _____	Types of Training _____

Do you have a valid Wisconsin driver's license? Yes No

Do you have access to a car? Yes No

Date of most recent tetanus shot _____

Name and location of doctor _____

In case of emergency, notify (Name, Address, Phone) _____

WORK HISTORY (start with current or most recent employer)

Employer _____ **Job Title** _____
Address _____ Hours per week _____
Name and phone number of supervisor _____

Date began _____ Date left _____ Beginning wage _____ Ending wage _____

Describe your duties: _____

Reason for leaving: _____

Employer _____ **Job Title** _____
Address _____ Hours per week _____
Name and phone number of supervisor _____

Date began _____ Date left _____ Beginning wage _____ Ending wage _____

Describe your duties: _____

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Describe your duties: _____

Reason for leaving: _____

REFERENCES

Name	Address	Phone
_____	_____	_____
_____	_____	_____

May we obtain references from the employers named above? Yes No If no, name and explain: _____

How did you learn about the Fresh Start Program? _____

What kind of jobs are you interested in doing at Fresh Start and after? _____

What would you like to accomplish at Fresh Start? _____

I understand that all the information on this application is true and complete to the best of my knowledge, and that any false or missing information may disqualify me. I also understand that a background check will be conducted for the program's use and consideration.

Signature _____ Date _____